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TO:

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| го: | Registration Section Division of Corporations | | | | |
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| SUBJE | SYNC HARMONY LLC CT: | | | | |
| , () [, , ,] [| · | Name of Limited Lia | bility Company | | |
| | losed "Application by Foreign Limited Lia ce, and check are submitted to register the a | | | | |
| Please re | eturn all correspondence concerning this m | natter to the following: | | | |
| | CHRISTINE FRIES | | | | |
| | | Name of Pers | on | | |
| | CPA ASSOCIATES LLP | | | | |
| | | Firm/Compa | ıy | · · | |
| | 2646 SW MAPP RD STE 203 | | | | |
| | | Address | | | |
| | PALM CITY FL 34990 | | | | |
| | - | City/State and Zip | Code | | |
| | CFRIES@CPA-ASSOCIATESLI | LP,COM | | | |
| | E-mail address | : (to be used for future | annual report no | tification) | |
| For furt | her information concerning this matter, plea | ase call: | | | |
| | CHRISTINE FRIES | 772 at (| 288-37 | 797 | |
| | Name of Contact Person | | Code Da | ytime Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Division Registra Clifton I 2661 Ex | of Corporations tion Section Building ecutive Center Circle see, FL 32301 | |
| Enclose | d is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Fili Certificate of \$ | | 00 Filing Fee & Copy | ☐ \$160.00 Filing Fee. C of Status & Certified Co | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| | LC Limited Liability Company, must include "Limited | d Liability Con | npany," "E.I., C.," or "EI,C." |) |
|--|--|--|--|---|
| l'name unavailable, enter alternate r | name adopted for the purpose of transacting business in Flor | rida. The alternate | e name must include "Limited Lic | ability Company," "L.L.C," or "LLC") |
| DELAWARE | | 3 82- | 3484319 | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | ٠ | | ber, (fapplicable) |
| · | | | | |
| | (Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605,0905, F.S. to determine | registration) me penalty habilit | Σ Ι | |
| | LAKES BLVD STE 903 | 6. <u>165</u> | 5 PALM BEACH LAI | KES BLVD STE 903 |
| (Sireet Address of WEST PALM BEACI | • | WE | (Mailing Add ST PALM BEACH FI | |
| | | | | |
| None and stant address | of Charles and a section (B.O. Day | NIOTE | | |
| . (Same and <u>street addre</u>) | ss of Florida registered agent: (P.O. Box | <u>NOT</u> accet | нашеј | |
| Name: | WILLIAM J MCENTEE III | | _ | |
| Office Address: | 1655 PALM BEACH LAKES BLVD S | STE 903 | _ | |
| | WEST PALM BEACH | | . Florida 33401 | |
| Registered agent's accep | (City) | | (Zip con | de) |
| esignated in this applicant comply with the provis | rgistered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper | s registered | agent and agree to act | in this capacity. I further a |
| lesignated in this applica o comply with the provis | tion, I hereby accept the appointment as | s registered | agent and agree to act | in this capacity. I further a |
| lesignated in this applica o comply with the provis | ition, I hereby accept the appointment as ions of all statutes relative to the proper | s registered and comple | agent and agree to act | in this capacity. I further a |
| lesignated in this applica o comply with the provis and accept the obligation | tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. | s registered and comple signature) | agent and agree to act te performance of my | in this capacity. I further a |
| lesignated in this applica o comply with the provis and accept the obligation 8. The name, title or cap | ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who ha | s registered and comple signature) | agent and agree to act te performance of my ority to manage is/are: | in this capacity. I further ay duties, and I am familiar wit |
| lesignated in this applica o comply with the provis and accept the obligation 8. The name, title or cap: Title or Capacity: | ation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's accity and address of the person(s) who has Name and Address: | s registered and comple signature) is/have autho <u>Title o</u> | agent and agree to act te performance of my ority to manage is/are: | in this capacity. I further ay duties, and I am familiar wit |
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WILLIAM J MCENTEE III

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SYNC HARMONY LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2017.

Authentication: 203620393

Date: 11-22-17